

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number 16 628 044		Filing Date			
						Applicant(s)					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments				
	Indep	Depend	Indep	Depend	Indep	Depend					
1							51				
2							52				
3							53				
4							54				
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46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	10						Total Indep				
Total Depend	16						Total Depend				
Total Claims	26						Total Claims				